OSBCB FORM 112
Revised 08/22
Page 1 of 2

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OKLAHOMA STATE BOARD OF COSMETOLOGY AND BARBERING ADVISORY BOARD ON MASSAGE THERAPY 2401 NW 23rd Street, Suite 84, Oklahoma City, OK 73107-2453 Student Department 405.522.7621 · www.cosmo.ok.gov

J. KEVIN STITT Governor

MALENA CURTSINGER Executive Director

APPRENTICESHIP APPLICATION AND AFFIDAVIT

	APPRENT	TICE INFORMATION	
Last Name	First Name	Middle Initial	Maiden Name
Social Security Number:		Phone Number	
Home Address	ED BY I AW (\$50-100 2-B-2) DO	City	State Zip
f apprentice is less than 18 years of ag	e, attach a copy of Birt	h Certificate or other legal proof of	age
	ESTABLISH	MENT INFORMATION	
Establishment where training will occur	:		License File Number:
Street Address		City	Zip
Establishment Owner:		Phone:	
Name of Instructor:		Instructor Email Address:	
For which course is this Appropriate schip	hoing offered?	-	otal Hours:
Tape, Do Not Staple Photo must be newer than 1 year	PO Box 12519, Albany, Is all equipment requi	es \[\] No If no, material may be obtaine NY 12212-2519. ired by the Board in place and operable een provided with a kit complete with mineral provided with a kit complete with a kit complete with mineral provided with a kit complete with mineral provided with a kit complete with a kit complet	n the establishment? Yes No
	Does the apprentice h	nave previously accumulated training ho including school names and dates.	
	I understand that the	Instructor may not charge the apprentic	e for training. 🗌 Yes 🔲 No
	I understand that the a	apprentice may not receive payment for	patron services performed while in trainin
Date of Photo: / /	l understand the appre ☐ Yes ☐ No	entice must wear a professional uniform	, and badge provided by the Board.
understand that the badge and any unused Yes No	d Board forms must be re	turned to the Board upon course compl	etion, or withdrawal or other termination.
understand that the apprentice must sub regulations and law book. Yes No	mit a \$20 inspection fee t	to the Board for apprentice registration,	and for two copies of the Board rules,
understand that the Instructor and appre			questionnaire specific to Board rules,

OSBCB FORM 112

Revised 08/22 Page 2 of 2

We solemnly swear that the foregoing statements are true and correct.
x
Signature of Apprentice
x
Signature of Establishment Owner
x
Signature of Instructor, if other than Establishment Owner
Date
X
Signatures Witnessed by State Board Inspector